

## Vulnerable Children and Adults Tollgate #1

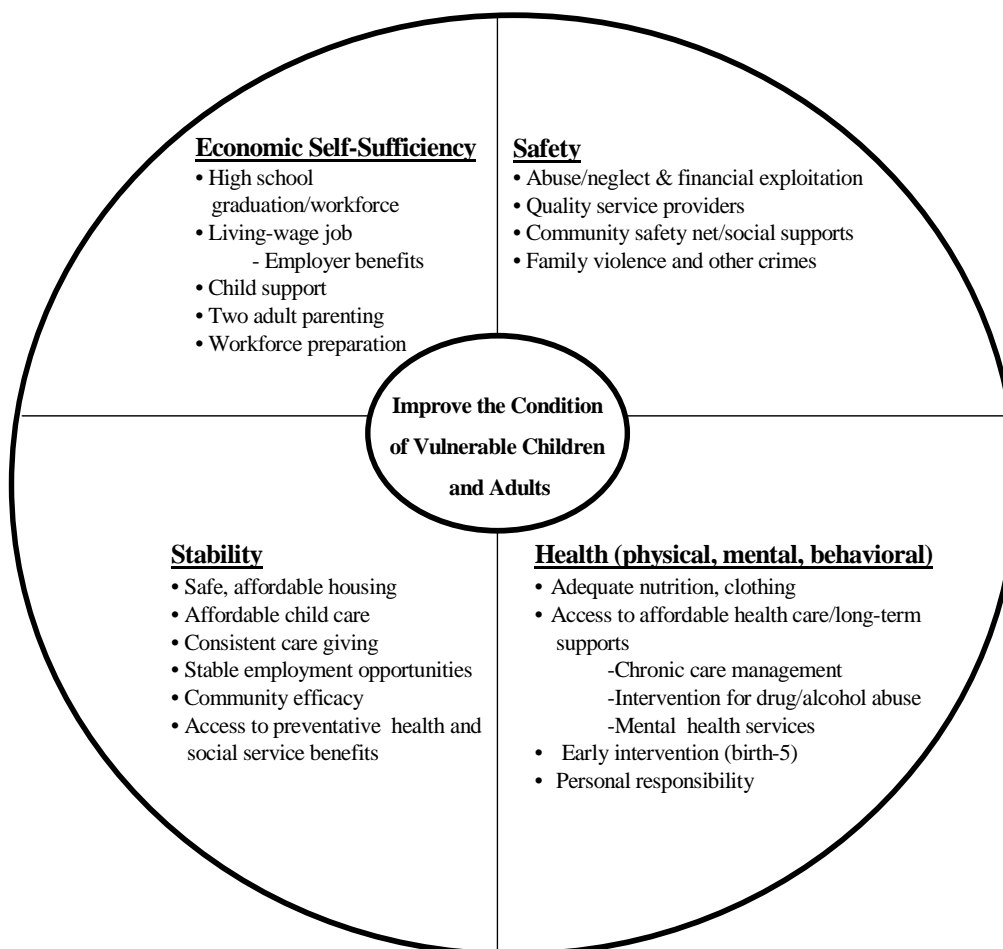
**1. Key indicators that will provide the best evidence to the citizen that this result is being achieved.**

Indicators	Same, Modified, New?
<b>Decrease the percentage of individuals and families living in poverty.</b> <ul style="list-style-type: none"> <li>Percentage of state population living in poverty.</li> <li>Percentage of disabled adults who are employed.</li> <li>High school graduation/GED rates.</li> </ul>	Modified
<b>Increase the percentage of vulnerable children and adults living in permanent families and safe home or community settings.</b> <ul style="list-style-type: none"> <li>Percentage of homelessness</li> <li>Ratio of entries/exits of dependent children into out-of-home care.</li> <li>Ratio of caseload using home and community services versus institutional-based settings.</li> <li>Confirmed abuse/neglect/exploitation rate.</li> </ul>	Modified
Indicators	Same, Modified, New?
<b>Increase ability of communities, families and individuals to address their own social and health services needs.</b> <ul style="list-style-type: none"> <li>Community risk and protective factors profile.</li> <li>Percentage of population that meets Self-Sufficiency Standard (UW)</li> </ul>	New

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## 2. The Cause and Effect Map for the Result Area

### KEY INTERDEPENDENT FACTORS



## 3. An initial assessment of the success or failure of current strategies

### A. Does the current budget include funding for all of the significant strategies identified by the teams last time? Which strategies were not funded in the budget?

The POG I result team contained the following purchase plan strategies:

- 1. Intervention; The immediate need to remove an emergent threat to health and safety. This was the highest priority strategy and reflected about 67 percent of the total result funding allocation. The key elements of this strategy included Institutional care, Emergency or Temporary income support, Community and Residential services, In-Home care, and Foster care. These elements were funded to a large degree in the budget.

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- 2. At-Risk; The removal of a probable threat to health and safety. The At-Risk Prevention Strategy received about thirty-three percent of the funding allocation. The significant elements for this strategy include Specialized Outpatient Treatment, Child and Adult Care, and Employment Preparedness Training.
- 3. Prevention; The services to increase the abilities of individuals and families to become self-sufficient. This Primary Prevention strategy that targets the general population was less than 1 percent of the allocation.

The key recommended elements that were not funded were largely in the At-Risk strategy and included increased emergency or temporary income support, increased children's basic health plan and optional Medicaid, increased mental health community services, and increased drug and alcohol treatment.

### **B. Looking at the performance and indicator information available to you at this time, how would you describe progress in achieving this result?**

Although there were no new significant strategies implemented as a result of POG I, the process did prioritize and fund existing program strategies. The following trend data suggests that the prioritized strategies continue to contribute to the goal of improving the condition of vulnerable children and adults:

- The percent of the state's children in foster care is continuing to decrease. The number of adoptions from foster care has increased by 90 percent since 1997.
- In the past 5 years the TANF caseload has decreased by about 35 percent. The job placements for clients on public assistance have remained relatively stable in the past 3 years.
- The teen pregnancy rate has continued to decline. In addition, the pregnancy rate for women on welfare has declined significantly more than the general population over the past 10 years.
- Client surveys of those who receive more than one DSHS program service indicate the services are working well together.

### **C. What are the most significant areas of success in this result area today?**

- Rates of institutionalization of elderly adults and adults with disabilities has decreased in the past five years. In particular, the use of nursing homes and DD Institutions has declined by 12 percent while the community placements have increased by 37 percent.
- The WorkFirst program has been very successful in moving families from long-term dependence on public assistance toward family self-sufficiency.
- The number of children placed in foster care has declined as a higher percentage of these children are now placed with extended family members.

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### D. Where do you see the most significant performance gaps? Do these gaps represent the failure of a strategy, the failure to fund a given strategy, or something else?

- **Demand for publicly funded services exceeds supply**, causing waitlists for the following services: Early childhood education, Vocational rehabilitation, Drug and alcohol treatment, Mental health treatment for non-Medicaid eligible clients, Residential supports for adults with mental illnesses, Support services for clients with developmental disabilities, Treatment/residential supports for clients with behavioral disorders, At-risk youth services, and health care for veterans.
- **Low Medicaid reimbursement rates** mean that, for some services, Medicaid clients cannot locate a provider willing to serve them. This would include inpatient mental health treatment, Birth-to-five wellness checks, Child psychiatry, Dentistry for persons with disabilities.
- **Inadequate funding for prevention services** - the need to respond to immediate health and safety needs with intervention services consumes the majority of available health and human services funding. There isn't funding left to appropriately fund prevention services that would reduce the need for later, more costly intervention services.
- **Insufficient cross-system coordination/collaboration** – Categorical funding streams often cause fragmented service delivery systems that do not coordinate well with one another. E.g. K-12 education and social services, or health providers and social service providers.
- **Insufficient use of performance based contracting.** Most of the state funded health and human services are delivered through contractors. Not all state agencies are using performance based contracting and are unable to assess relative effectiveness of investments.

### E. Where are the most significant opportunities to improve results?

- Pass mental health insurance parity legislation (reduce the numbers of mental health consumers who must turn to publicly funded services).
- Assist clients to become enrolled in federal benefit programs they are entitled to (e.g. veteran's benefits, SSI/SSDI, Medicare) that would reduce their dependence on state services.
- Prevent chronic health care conditions by promoting the reduction of risky personal behaviors such as smoking and obesity. Prevent later health conditions such as heart or lung disease or diabetes that require long-term care services.
- Create new and expand upon existing cross-system integration/coordination projects (e.g. Medicaid integration, K-12/social services integration).
- Reinvest savings from service delivery efficiencies into front-end/prevention services
- Establish a "venture capital" fund designed to provide seed money to projects that shift resource investments to front-end, versus back-end intervention services.
- Leverage more non-state funding with public/private projects.